

INFORMATION DATA SHEET

Inventor Information

Inventor One Given Name: Joel L.
Family Name: Sereboff
Postal Address Line One: 2215 Millridge Road
City: Owings Mills
State or Province: MD
Postal or Zip Code: 21117
Citizenship Country: US

Correspondence Information

Name Line One: David C. Jenkins
Address Line One: Eckert Seamans Cherin & Mellott, LLC
Address Line Two: 600 Grant Street, 44th Floor
City: Pittsburgh
State or Province: PA
Postal or Zip Code: 15219
Telephone: 412/566-1253
Fax: 412/566-6099
Electronic Mail: dcj@escm.com

Application Information

Title Line One: GEL FILLED TRAUMA MITIGATION
Title Line Two: DEVICE AND COMPOSITION THEREFORE
Total Drawing Sheets: 6
Formal Drawings: Yes
Application Type: Utility
Docket Number: 192390-00053

Representative Information

Representative Customer Number: 3705

Continuity Information

This application is a:

Non Prov. of Provisional;

Application One:

60/223,633

Filing Date:

August 8, 2000

60/223,633-080701